

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 24-OCT-2013		TIME 18:50:00		2. ADDRESS OF OCCURRENCE 10931 S EBERHART AVE CHICAGO, IL 60628				3. LOCATION CODE 290		4. BEAT/OCCUR 0513		
MEMBER INVOLVED	5. POSITION 9161		6. LAST NAME MURRAH		7. FIRST NAME CHRISTOPH		8. STAR NO. 18003		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE/CODE BLK	
	11. AGE 600		12. HT. 162		13. WT. 162		14. DATE OF APPT. 17-MAR-1997		15. EMPLOYEE NO. 005		16. UNIT & BEAT OF ASSIGNMENT 0571	
	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. LAST NAME STYLES		21. FIRST NAME ANGELIQUE		22. M.I. BLK	
SUBJECT INFORMATION	23. ADDRESS DR.		24. TELEPHONE NO.		25. WAS SUBJECT ARMED?/OTHER CUTTING INSTRUMENT <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		26. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		27. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		28. HT.	
	29. WHERE WAS MEDICAL TREATMENT OBTAINED? CHRIST		30. BY WHOM? DR.		31. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		32. CHARGES PLACED		33. CB NO.		34. IR NO.	
	35. PASSIVE RESISTER		36. ACTIVE RESISTER		37. ASSAULT/ASSAULT		38. ASSAULT/BATTERY		39. ASSAULT/DEADLY FORCE		40. SUBJECT'S ACTIONS	
REASON FOR USE OF FORCE (Check all that apply)	41. DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		42. STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		43. OTHER _____		44. FLED <input type="checkbox"/>		45. PULLED AWAY <input type="checkbox"/>		46. OTHER _____	
	47. MEMBER PRESENCE <input checked="" type="checkbox"/>		48. VERBAL COMMANDS <input checked="" type="checkbox"/>		49. ESCORT HOLDS <input type="checkbox"/>		50. WRISTLOCK <input type="checkbox"/>		51. ARMBAR <input type="checkbox"/>		52. PRESSURE SENSITIVE AREAS <input type="checkbox"/>	
	53. CONTROL INSTRUMENT <input type="checkbox"/>		54. OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		55. OTHER _____		56. OPEN HAND STRIKE <input type="checkbox"/>		57. TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		58. OC/CHEMICAL WEAPON <input type="checkbox"/>	
WEAPON DISCHARGE INCIDENT	59. CANINE <input type="checkbox"/>		60. TASER (Probe Discharge) <input type="checkbox"/>		61. TASER (Contact Stun) <input type="checkbox"/>		62. TASER (Laser Targeted) <input type="checkbox"/>		63. TASER (Spark Displayed) <input type="checkbox"/>		64. OTHER _____	
	65. ELBOW STRIKE <input type="checkbox"/>		66. CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		67. IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		68. KNEE STRIKE <input type="checkbox"/>		69. KICKS <input type="checkbox"/>		70. IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	
	71. FIREARM <input type="checkbox"/>		72. OTHER _____		73. OTHER _____		74. OTHER _____		75. OTHER _____		76. OTHER _____	
WEAPON DISCHARGE INCIDENT	77. *OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		78. ADDITIONAL INFORMATION OFFICER CAVANAUGH DISCHARGED HIS WEAPON AS THE OFFENDER LUNGED AT R/O, P.O. CAVANAUGH AND THE VICTIM, STYLES, PHILLIP WITH A KNIFE.									
	79. POSITION		80. STAR NO.		81. UNIT		82. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		83. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		84. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	
	85. MAKE/MANUFACTURER		86. MODEL		87. BARREL LENGTH		88. CALIBER/GAUGE		89. WEATHER CONDITIONS CLEAR		90. TASER DART ID NO.	
CASE INFO.	91. TASER SERIAL NO. (Include Letters)		92. CHICAGO GUN REG. NO.		93. FIREARM OWNER ID. NO.		94. HANDGUN CERTIFICATE NO.		95. SPECIAL WEAPON CERTIFICATE NO.		96. PROPERTY INVENTORY NO.	
	97. TYPE OF AMMUNITION USED		98. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		99. TOTAL NO. OF SHOTS MEMBER FIRED		100. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		101. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		102. NO. OF CARTRIDGES/SHOT SHELLS RELOADED	
	103. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		104. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		105. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		106. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		107. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		108. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.	
SIGNATURES	109. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		110. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)		111. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		112. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.		113. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		114. REPORTING MEMBER (Print Name) MURRAH, CHRISTOPH	
	115. STAR/EMPLOYEE NO. 18003		116. SIGNATURE [Signature]		117. DATE REVIEWED 25-OCT-2013 01:16:27		118. TIME 01:16:27		119. REVIEWING SUPERVISOR (Print Name) TULLY, SEAN F		120. STAR NO. 1090	
	121. SIGNATURE [Signature]		122. DATE REVIEWED 25-OCT-2013 01:18:07		123. TIME 01:18:07		124. SIGNATURE [Signature]		125. DATE REVIEWED 25-OCT-2013 01:18:07		126. TIME 01:18:07	

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject is deceased.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on what is known at this time, a preliminary determination has been made that this incident was handled within department guidelines. Officer Murrah was in fear of being stabbed by the assailant, who lunged at him and his partner while armed with a knife raised in a threatening manner. The assailant ignored repeated orders to drop the knife. Officer Murrah did not discharge his weapon due to the fact that his partner shot the assailant ending the threat. This incident was handled properly.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION.

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRND 1065714 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

VELEZ, CARLOS E

SIGNATURE

[REDACTED]

DATE COMPLETED TIME

25-OCT-2013 01:23:48

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CRIMINATION REPORT

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

80. TOTAL TRRs THIS EVENT No.

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